

# Vimicon®

(cyproheptadine hydrochloride, Frosst)

**Uses:** To increase body-weight in underweight patients. The gains are small but statistically significant, and appear to be associated with the stimulation of appetite. VIMICON, an antiallergic and antipruritic agent, can be used to treat a wide range of acute and chronic allergies including hay fever, skin rashes and poison ivy.

**Average dosage: Children:** 2 mg. (one teaspoonful or half a tablet) 3 times daily, with meals. **Adults,** 4 mg. (two teaspoonfuls or one tablet) 3 times daily with meals. Never exceed the recommended dosage. Consult package circular for further information on dosage.

**Side-effects:** Drowsiness is the most common. In low incidence, dry mouth, dizziness, jitteriness, nausea and skin rash have been noted. Rarely, agitation, confusion or hallucinations.

**Cautions:** Patients should be advised not to drive a car and not to operate machinery or appliances requiring alert attention, since the drug may cause drowsiness. The safe use of VIMICON in pregnancy has not been established. Patients should be warned against the ingestion of alcohol or other CNS depressants while they are on VIMICON. Rarely, prolonged therapy with histamine antagonists may cause blood dyscrasias. This has not been reported with VIMICON.

**Contraindications:** Peripheral anticholinergic effects, although minimal, contraindicate VIMICON in patients with glaucoma, or in those predisposed to urinary retention.

**Bibliography:** 1. Noble, R.E.: Effect of Cyproheptadine on Appetite and Weight Gain in Adults. *J.A.M.A.* 209:13:2054-2055 (Sept. 29) 1969. 2. Bergen, S.S., Jr.: Appetite Stimulating Properties of Cyproheptadine. *Am. J. Diseases of Children* 108:270-273 (Sept.) 1964. 3. Drash, A. et al.: The Effect of Cyproheptadine on Carbohydrate Metabolism. *Clin. Pharm. & Ther.* 7:340-346 (May-June) 1966. 4. Lavenstein, A.F. et al.: Effect of Cyproheptadine on Asthmatic Children; Study of Appetite, Weight Gain and Linear Growth. *J.A.M.A.* 180:912-916 (June 16) 1952. 5. Idelshon, F.: Experience with Cyproheptadine Hydrochloride as a Non-Hormonal Anabolic; Its Effect on the Body Weight of Pediatric Patients. *Orient. Med.* 785:824-826 (Dec. 22) 1967. (Published in Argentina in Spanish.) 6. Van Metre, T.E., Jr.: Factors Which May Affect the Rate of Linear Growth and Weight Gain of Asthmatic Children. *Southern Med. J.* 55:1305-1314 (Dec.) 1962.

**Available:** Tablets of 4 mg., bottles of 45. Syrup, containing 2 mg. per 5 ml. teaspoonful, bottles of 8 fluid ounces.

Full information on request

**Frosst**

FOUNDED IN CANADA IN 1899  
CHARLES E. FROSST & CO. KIRKLAND (MONTREAL) CANADA

## CORRESPONDENCE

(Continued from page 531)

pregnancies associated with an I.U.D. A case of ovarian pregnancy associated with an I.U.D. was reported by Piver, Baer and Zachary.<sup>4</sup> This subject has recently been explored by Lehfeldt, Tietze and Gorstein.<sup>5</sup>

Does the presence of an I.U.D. increase the incidence of ectopic pregnancy? Wei,<sup>6</sup> quoting other authors and also from his own experience, believes that it does not, but the question is by no means decided.

I wish to thank Dr. Meredith Silver for examining the surgical specimen.

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### References

1. TAN KK, YEO OH: *Amer J Obstet Gynec* 100: 240, 1968
2. DOUGLAS CP: *Brit Med J* 2: 838, 1963
3. TSUKADA Y: *JAMA* 204: 331, 1968
4. PIVER MS, BAER KA, ZACHARY TV: *JAMA* 201:323, 1967
5. LEHFELDT H, TIETZE C, GORSTEIN F: *Amer J Obstet Gynec* 108: 1005, 1970
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### Christmas tree allergy

To the Editor:

In their paper "Christmas tree allergy: mould and pollen studies" (*Canad Med Ass J* 103: 1272, 1970) Wyse and Malloch describe 34 patients with skin symptoms and signs which they attribute to Christmas tree allergy. In Table IV they list the following:

<i>Skin:</i> Transitory rash.....	28 patients
Vesicles and exudate	1
Angioedema .....	3
Urticaria .....	2

The authors describe the transitory rash as "multiple small, red, itchy or burning spots on the forearms and hands and occasionally on the face, where the skin had contacted the needles; this started within five minutes of trimming or decorating the tree and usually disappeared within half an hour." They suggest that this rash "probably represents a contact allergy to the oleoresin of the balsam".

The morphologic term "spot" does not indicate whether these are macules, papules, patches, plaques, or variants thereof, but the rapid onset of the skin rash does not agree with a diagnosis of contact allergy.

Contact allergic dermatitis is mediated by delayed cellular immune mechanism and does not arise and disappear within minutes. The "transitory rash" which the authors describe is presumably a primary irritant dermatitis due to the contact with the Christmas tree needles or other products of the tree such as bark or resin. Any individual is subject to a similar primary

irritant reaction and it does not require stimulation of the allergic process.

Details are not given of the single patient with "vesicles and exudate", but this is a morphologic presentation that may often be seen with contact allergic dermatitis (e.g. as in poison ivy).

True contact allergic dermatitis to numerous products of trees (resins, pollens, sawdust etc.) is well known and well documented in standard texts.<sup>1, 2</sup>

Scratch tests are not accurate in contact allergic dermatitis and should not supplant the regular patch test.

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### References

1. FISHER AA: *Contact Dermatitis*, Philadelphia, Lea & Febiger, 1967
2. ROOK A, WILKINSON D, EBLING FJ: *Textbook of Dermatology*, Oxford, Blackwell, 1968

### Vitamin A intoxication

To the Editor:

I should like to bring to the attention of the profession the risks of vitamin A intoxication and the ease with which this vitamin can be obtained by over-the-counter sales in this country.

I recently attended a girl aged 15 who developed headaches, vomiting and diplopia, all with acute onset. Strabismus and papilledema were evident on examination and the cerebrospinal fluid pressure was grossly elevated. My original diagnosis was a probable cerebral tumour but extensive neurological investigation was completely negative. The patient had been taking vitamin A in a dosage of 200,000 units daily for two years. She made a complete and dramatic recovery following discontinuation of this medication.

The vitamin had been sold to her over the counter in the drug store in the belief that it would benefit her facial acne. The strength of each tablet was 50,000 units, and while it was recommended on the bottle that only one tablet should be taken each day, the patient was told that it was quite common to take more than this in the treatment of acne. It seems to me that there is a very high risk of inducing "benign intracranial hypertension" in some patients if this vitamin is to be freely available without prescription.

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[Editor's note: A statement by the Canadian Paediatric Society on "The Use and Abuse of Vitamin A" appears on page 521 of this issue.]

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